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CONFIRMATION NO. 3896

<b>SERIAL NUMBER</b> 10/699,921	<b>FILING OR 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> T4342-14521US01
<b>APPLICANTS</b> Dennis M. Treu, Bedford, NH;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/423,318 11/01/2002  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 181				
<b>TITLE</b> FUNCTIONAL ISOLATION OF UPGRADEABLE COMPONENTS TO REDUCE RISK IN MEDICAL TREATMENT DEVICES				
<b>FILING FEE RECEIVED</b> 1625	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	